

Value Formulary

Medicines with Clinical Requirements

Below is a list of medicines by drug class that require prior authorization or other action prior to coverage.

If you continue using one of these medicines without authorization (PA), you may be required to pay the full cost of the medicine.

Certain medications have limits on the amounts of medicine that Value Formulary plans cover. The limits listed below only affect the amount of medicine covered by your plan.

Certain medications are subject to step therapy (ST) and members must try a preferred medicine first. If you continue using one of these medicines without authorization, you may be required to pay the full cost of the medicine. If you are currently using one of the medicines that require step therapy, ask your doctor to consider a generic or preferred option.

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
Acne	BENZAMYCIN (erythromycin/benzoyl peroxide gel)		47/141 gm	
	ACANYA (clindamycin phosphate-benzoyl peroxide gel)		50/150 gm	
	BENZACLIN (clindamycin phosphate-benzoyl peroxide gel)		50/150 gm	
	DUAC (clindamycin phosphate-benzoyl peroxide gel)		45/135 gm	
	ONEXTON (clindamycin phosphate-benzoyl peroxide gel)		50/150 gm	
Allergenic Extracts	GRASTEK (timothy grass pollen allergen extract)	✓		
	ODACTRA (house dust mite allergen extract)	✓		
	ORALAIR (sweet vernal, orchard, perennial rye, timothy and Kentucky blue grass mixed pollens allergen extract)	✓		
	RAGWITEK (short ragweed pollen allergen extract)	✓		
Anthelmintics	ALBENZA (albendazole)		336 tablets / 365 days	
	BILTRICIDE (praziquantel)		24 tablets / 365 days	
	EGATEN (triclabendazole)		16 tablets / 365 days	
	EMVERM (mebendazole)		12 tablets / 365 days	
Antibiotics, Ophthalmic	(gentamicin sulfate ophthalmic solution)		20 mL**	
Antibiotics, topical	(gentamicin cream & ointment)		120 gm**	
	CENTANY OINTMENT (mupirocin)		30 gm*	
	(mupirocin calcium cream)		30 gm*	
Anticonvulsants*	NAYZILAM (midazolam nasal spray)	✓		
	VALTOCO (diazepam nasal spray)	✓		

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
Antiemetics	CINVANTI (aprepitant) 130 mg Injection (Single-Dose Vial)		2 vials**	
	EMEND (aprepitant) 40 mg Capsule		3 capsules**	
	EMEND (aprepitant) 80 mg Capsule		4 capsules**	
	EMEND (aprepitant) 125 mg Capsule		2 capsules**	
	EMEND (aprepitant) 125 mg-80 mg Capsules (Tri-pack contains one 125 mg capsule and two 80 mg capsules)		2 packs**	
	EMEND (aprepitant) 125 mg for Oral Suspension (Single-Dose Kit contains 125 mg/5 mL)		6 kits**	
	EMEND (fosaprepitant dimeglumine) 150 mg Injection (Single-Dose Vial)		2 vials**	
	VARUBI (rolapitant) 90 mg Tablet (Single Dose Package contains two 90 mg tablets as one set of twinned blisters)		2 packs**	
	VARUBI (rolapitant) 166.5 mg Injection (Single-Dose Vial)		2 vials**	
	CINVANTI (aprepitant) 130 mg Injection (Single-Dose Vial)		2 vials**	
Anti-Infectives, Antibacterials*	DIFICID (fidaxomicin)	✓		
	linezolid	✓		
Anti-Infectives, Antifungals*	NOXAFIL (posaconazole)	✓		
	VFEND (voriconazole)	✓		
Anti-Infectives, Antiprotozoals*	DARAPRIM (pyrimethamine)	✓		
	ALINIA 100 mg/5 mL Oral Suspension (nitazoxanide)		540 mL**	
	ALINIA 500 mg (nitazoxanide)		20 tablets**	
Anti-Infectives, Influenza Agents*	RELENZA (zanamivir)		40 blisters**	
	TAMIFLU (oseltamivir) 6 mg/mL suspension		360 mL**	
	TAMIFLU (oseltamivir) 30 mg		40 caps**	
	TAMIFLU (oseltamivir) 45 mg, 75 mg		20 caps**	
	XOFLUZA (baloxavir marboxil) 20 mg		1 tablet per blister card**	
	XOFLUZA (baloxavir marboxil) 40 mg		1 tablet per blister card**	
	XOFLUZA (baloxavir marboxil) 80 mg		1 tablet per blister card**	
Anti-Infectives, Injectable	XOFLUZA (baloxavir marboxil) 40 mg/ 20 mL suspension		80 mL**	
	ABELCET (amphotericin B lipid complex)		1960mL per 14 days	
	AMBISOME (amphotericin B liposome)		238 vials per 14 days	
	(amphotericin B)		42 vials per 14 days	
	CANCIDAS (caspofungin)		14 vials per 14 days	
	(ceftriaxone vials)		28 vials per 14 days	
	COLY-MYCIN M (colistimethate)		112 vials per 14 days	
	CUBICIN, CUBICIN RF (daptomycin)		28 vials per 14 days	
	DALVANCE (dalbavancin)		3 vials per 1 day	
	(daptomycin)		42 vials per 14 days	
	INVANZ (ertapenem)		28 vials per 14 days	
	KIMYRSA (oritavancin)		1 vial per 1 day	
	(levofloxacin injection)		560 mL per 14 days	
	MERREM (meropenem)		84 vials per 14 days	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
	MYCAMINE (micafungin)		28 vials per 14 days	
	ORBACTIV (oritavancin)		3 vials per 1 day	
	(streptomycin)		28 vials per 14 days	
	(tobramycin injection)		360 mL per 10 days	
	TYGACIL (tigecycline)		30 vials per 14 days	
	(vancomycin injection vials, bottles)		2 grams per 14 days	
	VFEND IV (voriconazole injection)		88 vials per 14 days	
Anti-Infectives, Miscellaneous*	FIRVANQ (vancomycin)		450 mL/10 days**	
	VANCOCIN (vancomycin capsules)		80 capsules/10 days**	
	SIVEXTRO (tedizolid)	✓		
Anti-Infectives, Mouth & Throat	Clotrimazole troches/lozenges		90/270 lozenges	
Anti-Infectives, Tetracyclines*	NUZYRA (omadacycline)	✓		
	(tetracycline capsules)		120/360 caps	
Antilipemics*	NEXLETOL (bempedoic acid)	✓		
	NEXLIZET (bempedoic acid/ezetimibe)	✓		
Anxiety* Benzodiazepines	ALPRAZOLAM INTENSOL		300 / 900 mL	
	alprazolam ODT		150 / 450 tablets	
	ATIVAN (lorazepam)		150 / 450 tablets	
	chlordiazepoxide		360 / 1,080 capsules	
	clonazepam ODT		300 / 900 tablets	
	diazepam solution (5 mg/5 mL)		1,200 / 3,600 mL	
	diazepam Intensol solution (5 mg/mL)		240 / 720 mL	
	KLONOPIN (clonazepam)		300 / 900 tablets	
	lorazepam concentrate solution (2 mg/ mL)		150 / 450 mL	
	LOREEV XR 1, 2 mg (lorazepam extended- release)		150/450 capsules	
	LOREEV XR 3 mg (lorazepam extended-release)		90 / 270 capsules	
	oxazepam		120 / 3600 capsules	
	TRANXENE (clorazepate)		180 / 540 tablets	
	VALIUM (diazepam)		120 / 360 tablets	
	XANAX (alprazolam)		150 / 450 tablets	
	XANAX XR (alprazolam extended-release) (0.5, 1, 2 mg)		150 / 450 tablets	
	XANAX XR (alprazolam extended-release) (3 mg)		90 / 270 tablets	
Asthma* Beta Agonists, Short Acting	albuterol 0.63 mg/3 mL, 1.25 mg/3 mL inhalation solution		125 / 375 vials	
	albuterol 0.83%, 2.5 mg/3 mL, inhalation solution		125 / 375 vials	
	albuterol 0.5%, 2.5 mg/0.5 mL, inhalation solution		3 packages (20 mL); 4 packages (120 vials) / 9 packages (20 mL); 12 packages (360 vials)	
	PROAIR DIGITALER (albuterol)		2 / 6 packages	
	PROAIR HFA (albuterol)		2 / 6 packages	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
Asthma* Steroid Inhalants	PROAIR RESPICLICK (albuterol)		2 / 6 packages	
	PROVENTIL HFA (albuterol)		2 / 6 packages	
	VENTOLIN HFA (albuterol)		6 packages (8 gm); 2 packages (18 gm) / 18 packages (8 gm); 6 packages (18 gm)	
	XOPENEX (levalbuterol inhalation solution) 0.31 mg, 0.63 mg, 1.25 mg/3 mL		96 / 288 vials	
	XOPENEX (levalbuterol) concentrate 1.25 mg/0.5 mL		3 / 9 packages	
	XOPENEX HFA (levalbuterol)		2 / 6 packages	
Asthma or Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergic/Beta Agonist/Steroid Combinations	AEROSPAN HFA (flunisolide)		2 / 6 packages	
	ALVESCO (ciclesonide) 80 mcg/actuation		3 / 9 packages	
	ALVESCO (ciclesonide) 160 mcg/ actuation		2 / 6 packages	
	ARMONAIR DIGIHALER (fluticasone propionate)		1 / 3 packages	
	ARMONAIR RESPICLICK (fluticasone propionate)		1 / 3 packages	
	ARNUITY ELLIPTA (fluticasone furoate)		1 / 3 packages	
	ASMANEX HFA (mometasone furoate)		1 / 3 packages	
	ASMANEX Twisthaler (mometasone furoate) 110 mcg		2 / 6 packages	
	ASMANEX Twisthaler (mometasone furoate) 220 mcg		4 / 12 packages	
	FLOVENT DISKUS (fluticasone propionate) 50 mcg/blister		3 / 9 packages	
	FLOVENT DISKUS (fluticasone propionate) 100 mcg/blister, 250 mcg/ blister		4 / 12 packages	
	FLOVENT HFA (fluticasone propionate)		2 / 6 packages	
	PULMICORT FLEXHALER (budesonide) 90 mcg/actuation		3 / 9 packages	
	PULMICORT FLEXHALER (budesonide)180 mcg/actuation		2 / 6 packages	
	PULMICORT RESPULES (budesonide) 0.25 mg		180 / 540 mL	
	PULMICORT RESPULES (budesonide) 0.5 mg		120 / 360 mL	
	PULMICORT RESPULES (budesonide) 1 mg		60 / 180 mL	
Asthma or Chronic Obstructive Pulmonary Disease (COPD)* Steroid/Beta Agonist Combinations	QVAR (beclomethasone)		2 / 6 packages	
	BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol fumarate)		1 / 3 packages	
	TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium,vilanterol)		1 / 3 packages	
	ADVAIR (fluticasone propionate/ salmeterol)		3/ 9 packages	
	ADVAIR HFA (fluticasone propionate/ salmeterol)		3 / 9 packages	
	AIRDUO DIGIHALER (fluticasone propionate/salmeterol)		1 / 3 packages	
	AIRDUO RESPICLICK (fluticasone propionate/salmeterol)		1 / 3 packages	
Asthma or Chronic Obstructive Pulmonary Disease (COPD)* Steroid/Beta Agonist Combinations	BREO ELLIPTA (fluticasone furoate/ vilanterol)		1 / 3 packages	
	DULERA (mometasone/formoterol)		1 / 3 packages	
	SYMBICORT (budesonide/formoterol)		1 / 3 packages	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
Attention Deficit Hyperactivity Disorder* (ADHD)	ADDERALL (amphetamine mixture) 5 mg, 7.5 mg, 10 mg, 12.5 mg		90 / 270 tabs	
	ADDERALL (amphetamine mixture) 15 mg, 20 mg		60 / 180 tabs	
	ADDERALL (amphetamine mixture) 30 mg		30 / 90 tabs	
	ADDERALL XR (amphetamine mixture) 5 mg, 10 mg		90 / 270 tabs	
	ADDERALL XR (amphetamine mixture) 15 mg, 20 mg, 25 mg, 30 mg		30 / 90 tabs	
	ADHANSIA XR (methylphenidate) 25 mg, 35 mg, 45 mg		60 / 180 tabs	
	ADHANSIA XR (methylphenidate) 55 mg, 70 mg, 85 mg		30 / 90 tabs	
	ADZENYS ER oral suspension (amphetamine) 1.25 mg/mL		450 mL / 1350 mL	
	ADZENYS XR-ODT (amphetamine) 3.1 mg, 6.3 mg, 9.4 mg		60 / 180 tabs	
	ADZENYS XR-ODT (amphetamine) 12.5 mg, 15.7 mg, 18.8 mg		30 / 90 tabs	
	APTENSIO XR (methylphenidate) 10 mg, 15 mg, 20 mg, 30 mg		60 / 180 caps	
	APTENSIO XR (methylphenidate) 40 mg, 50 mg, 60 mg		30 / 90 caps	
	CONCERTA (methylphenidate) 18 mg, 27 mg, 36 mg		60 / 180 tabs	
	CONCERTA (methylphenidate) 54 mg		30 / 90 tabs	
	COTEMPLA XR (methylphenidate) 8.6 mg, 17.3 mg, 25.9 mg		60 / 180 tabs	
	DAYTRANA Patch (methylphenidate) 10 mg, 15 mg, 20 mg, 30 mg		30 / 90 patches	
	DESOXYN (methamphetamine) 5 mg		150 / 450 tabs	
	dextroamphetamine 5 mg, 10 mg		120 / 360 tabs	
	DEXEDRINE Spansule (dextroamphetamine) 5 mg, 10 mg		120 / 360 caps	
	DEXEDRINE Spansule (dextroamphetamine) 15 mg		60 / 180 caps	
	DYANAVEL XR oral suspension (amphetamine) 2.5 mg/mL		240 / 720 mL	
	EVEKEO, EVEKEO ODT (amphetamine) 5 mg, 10 mg		120 / 360 tabs	
	EVEKEO ODT (amphetamine) 15 mg, 20 mg		60 / 180 tabs	
	FOCALIN (dexmethylphenidate) 2.5 mg, 5 mg		120 / 360 tabs	
	FOCALIN (dexmethylphenidate) 10 mg		60 / 180 tabs	
	FOCALIN XR (dexmethylphenidate) 5 mg, 10 mg, 15 mg, 20 mg		60 / 180 caps	
	FOCALIN XR (dexmethylphenidate) 25 mg, 30 mg, 35 mg, 40 mg		30 / 90 caps	
	JORNAY PM (methylphenidate extended-release) 20 mg, 40 mg		60 / 180 caps	
	JORNAY PM (methylphenidate extended-release) 60 mg, 80 mg, 100 mg		30 / 90 caps	
	METADATE CD (methylphenidate) 10 mg, 20 mg, 30 mg		60 / 180 caps	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
	METADATE CD (methylphenidate) 40 mg, 50 mg, 60 mg		30 / 90 caps	
	METHYLIN Chewable Tablets (methylphenidate) 2.5 mg, 5 mg, 10 mg		180 / 540 tabs	
	methylphenidate 20 mg		90 / 270 tabs	
	methylphenidate oral solution 5 mg/5 mL		1800 / 5400 mL	
	methylphenidate oral solution 10 mg/ 5 mL		900 / 2700 mL	
	methylphenidate ER 10 mg, 20 mg		90 / 270 tabs	
	methylphenidate osmotic ER 72 mg		30 / 90 tabs	
	MYDAYIS (amphetamine mixture) 12.5 mg, 25 mg		60 / 180 caps	
	MYDAYIS (amphetamine mixture) 37.5 mg, 50 mg		30 / 90 caps	
	PROCENTRA (dextroamphetamine) oral solution 5 mg/5 mL		1200 / 3600 mL	
	QUILLICHEW ER (methylphenidate) 20 mg, 30 mg		60 / 180 tabs	
	QUILLICHEW ER (methylphenidate) 40 mg		30 / 90 tabs	
	QUILLIVANT XR oral suspension (methylphenidate) 25 mg/5 mL (5 mg/ 1 mL)		360 / 1080 mL	
	RITALIN LA (methylphenidate) 10 mg, 20 mg, 30 mg		60 / 180 caps	
	RITALIN LA (methylphenidate) 40 mg, 60 mg		30 / 90 caps	
	STRATTERA (atomoxetine) 10 mg, 18 mg, 25 mg		120 / 360 caps	
	STRATTERA (atomoxetine) 40 mg		60 / 180 caps	
	STRATTERA (atomoxetine) 60 mg, 80 mg, 100 mg		30 / 90 caps	
	VYVANSE (lisdexamfetamine) 10 mg, 20 mg, 30 mg		60 / 180 units	
	VYVANSE (lisdexamfetamine) 40 mg, 50 mg, 60 mg, 70 mg		30 / 90 units	
	ZENZEDI (dextroamphetamine) 2.5 mg, 5 mg, 7.5 mg, 10 mg		120 / 360 tabs	
	ZENZEDI (dextroamphetamine) 15 mg, 20 mg		60 / 180 tabs	
	ZENZEDI (dextroamphetamine) 30 mg		30 / 90 tabs	
Chelating Agents	CUPRIMINE (penicillamine) SYPRINE (trientine)			✓
Asthma or Chronic Obstructive Pulmonary Disease (COPD)*	ARCAPTA NEOHALER (indacaterol)		1 / 3 packages	
Long-Acting Beta Agonists	BROVANA (arformoterol tartrate)		60 / 180 vials	
	PERFOROMIST (formoterol)		60 / 180 vials	
	SEREVENT (salmeterol)		1 / 3 packages	
	STRIVERDI RESPIMAT (olodaterol)		1 / 3 packages	
	ANORO ELLIPTA (umeclidinium/vilanterol)		1 / 3 packages	
	BEVESPI AEROSPHERE (glycopyrrolate/ formoterol)		1 / 3 packages	
	DUAKLIR PRESSAIR (aclidinium/formoterol)		2 / 6 packages	
	STIOLTO RESPIMAT (tiotropium bromide/ olodaterol)		1 / 3 packages	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergic / Beta Agonist Combinations	UTIBRON NEOHALER (glycopyrrolate/ indacaterol)		1 / 3 packages	
Asthma or Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics, Combinations and Mast Cell Stabilizers	ATROVENT HFA (ipratropium)		2 / 6 packages	
	COMBIVENT RESPIMAT (ipratropium/albuterol)		2 / 6 packages	
	cromolyn sodium inhalation solution		2 / 6 packages	
	INCRUSE ELLIPTA (umeclidinium)		1 / 3 packages	
	ipratropium inhalation solution		125 / 375 vials	
	ipratropium bromide/albuterol sulfate Inhalation solution		180 / 540 vials	
	LONHALA MAGNAIR starter and refill kit (glycopyrrolate inhalation solution)		1 / 3 packages	
	SEEBRI NEOHALER (glycopyrrolate)		1 / 3 packages	
	SPIRIVA HANDIHALER (tiotropium)		1 / 3 packages	
	SPIRIVA RESIPMAT (tiotropium)		1 / 3 packages	
Dermatology - Antipuritics	PRUDOXIN, ZONALON (doxepin)		90 grams**	✓
Dermatology - Hyperhidrosis	QBREXZA (glycopyrronium)		30 cloths / 90 cloths	✓
Dermatology, Topical Antifungals	oxiconazole		90 gm or mL**	✓
Dermatology, Topical Corticosteroids	alclometasone, amcinonide, betamethasone, clocortolone, clobetasol, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone		120 / 360 grams (topical creams, ointments, gels, foams, oils, shampoos, solutions and sprays) or milliliters (topical lotions)	
Dermatology Topical NSAID	SOLARAZE (diclofenac gel) 3%	✓		
Diabetes* Amylin Analog	SYMLIN (pramlintide acetate) SYMLINPEN (pramlintide acetate)			✓
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	alogliptin benzoate JANUVIA (sitagliptin) NESINA (alogliptin) ONGLYZA (saxagliptin) TRADJENTA (linagliptin)			✓
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	alogliptin-metformin Hcl alogliptin-pioglitazone GLYXAMBI (empagliflozin / linagliptin) JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin ext-rel) JENTADUETO (linagliptin/metformin) JENTADUETO XR (linagliptin/metformin ext-rel) KAZANO (alogliptin/metformin)			✓

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
	KOMBIGLYZE XR (saxagliptin/metformin ext-rel) OSENI (alogliptin/pioglitazone) QTERN (dapagliflozin / saxagliptin) STEGLUJAN (ertugliflozin / sitagliptin)			
Diabetes* Insulin Mimetic Agents	ADLYXIN (lixisenatide)	2 / 6 pens	✓	
	BYDUREON (exenatide extended-release)	4/12 pens	✓	
	BYDUREON BCISE (exenatide extended-release)	4/12 pens	✓	
	BYETTA (exenatide)	1/3 pens	✓	
	OZEMPIC (semaglutide)	(2 mg / 1.5 mL) – 2/6 pens (4 mg / 3 mL) – 1/3 pens	✓	
	RYBELSUS (semaglutide)	30 / 900 tablets	✓	
	TRULICITY (dulaglutide)	4 / 12 pens	✓	
	VICTOZA (liraglutide)	3 / 9 pens	✓	
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIANCE (empagliflozin) STEGLATRO (ertugliflozin)			✓
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor/Biguanide Combinations	INVOKAMET (canagliflozin / metformin HCl) INVOKAMET XR (canagliflozin / metformin HCl extended-release) SEGLUROMET (ertugliflozin / metformin HCl) SYNJARDY (empagliflozin / metformin HCl) SYNJARDY XR (empagliflozin / metformin HCl extended-release) XIGDUO XR (empagliflozin / metformin HCl extended-release)			✓
Diabetes* Long-Acting Insulin/GLP-1 Agonist	SOLIQUA (insulin glargine / lixisenatide injection) XULTOPHY (insulin glargine / lixisenatide injection)			✓
Endocrine & Metabolic	KERENDIA (finerenone)	✓		
Fibromyalgia*	SAVELLA (milnacipran)	✓		
Gastrointestinal Agents*	VIBERZI (eluxadoline)	✓		
	XIFAXAN 550MG (rifaximin)	✓		
Genitourinary Interstitial Cystitis*	ELMIRON (pentosan polysulfate sodium capsules)		90 / 270 capsules	
High Blood Pressure and Osteoarthritis*	CONSENSI (amlodipine/celecoxib)	✓		
Migraine*	AMERGE (naratriptan) 1 mg, 2.5 mg		12 / 36 tablets	
	AXERT (almotriptan) 6.25 mg, 12.5 mg		12 / 36 tablets	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
5-HT1 Agonists (Triptans)	FROVA (frovatriptan) 2.5 mg		18 / 54 tablets	
	IMITREX (sumatriptan vials) Injection 6 mg		12 / 36 vials 6 mL / 20 mL	
	IMITREX Injection (sumatriptan syringes) 4 mg STATdose/Refill		18 / 54 syringes 9 mL / 27 mL	
	IMITREX Injection (sumatriptan syringes) 6 mg STATdose/Refill		12 / 36 syringes 6 mL / 18 mL	
	IMITREX (sumatriptan) Nasal Spray 5 mg		24 / 72 units	
	IMITREX (sumatriptan) Nasal Spray 10 mg		12 / 36 units	
	IMITREX (sumatriptan) Tablets		12 / 36 tablets	
	MAXALT, MAXALT-MLT (rizatriptan)		18 / 54 tablets	
	ONZETRA XSAIL (sumatriptan)		16 / 64 nosepieces	
	RELPAX (eletriptan)		12 / 36 tablets	
	TOSYMRA (sumatriptan nasal)		18 / 54 units	
	TREXIMET (sumatriptan/naproxen) 10 mg/60 mg		9 / 18 tablets	
	TREXIMET (sumatriptan/naproxen) 85 mg/500 mg		9 / 36 tablets	
	ZEMBRACE SYMTOUCH (sumatriptan)		24 / 72 injectors 12 mL / 36 mL	
Migraine* Injectable CGRP Inhibitors	ZOMIG Nasal Spray (zolmitriptan)		12 / 36 units	
	ZOMIG Tablets, ZOMIG-ZMT (zolmitriptan)		12/36 units	
Migraine* Injectable CGRP Inhibitors	AIMOVIG (erenumab-aoee injection) AJOVY (fremanezumab-vfrm injection) EMGALITY (galcanezumab-gnlm injection) VYEPTI (eptinezumab-jjmr injection, for intravenous use)			✓
Migraine Nasal Sprays	MIGRALAN NASAL SPRAY (dihydroergotamine mesylate)		8/24 units	
	TRUDHESA NASAL SPRAY (dihydroergotamine mesylate)		12/36 units	
Migraine* Oral CGRP Inhibitors	NURTEC ODT (rimegepant)		16 / 48 tabs	✓
	UBRELVY (ubrogepant)		16 / 48 tabs	✓
	QULIPTA		30/90 tabs	✓
Narcolepsy*	NUVIGIL (armodafinil)	✓		
	PROVIGIL (modafinil)	✓		
	XYREM (sodium oxybate)	✓		
Opioid Analgesics*	BELBUCA (600/750/9000 MCG Base Equivalent)	✓		
	butorphanol tartrate nasal spray		2 / 6 bottles	
Opioid Analgesics – Immediate Release*	codeine sulfate oral soln 30 mg/5 mL		210 mL**	
	codeine sulfate tab		42 tabs**	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
	hydromorphone oral soln 5 mg/5 mL		600 / 1800 mL	
	hydromorphone supp 3 mg		120 / 360 supps	
	hydromorphone tab 2 mg		180 / 540 tabs	
	hydromorphone tab 4 mg		150 / 450 tabs	
	hydromorphone tab 8 mg		60 / 180 tabs	
	levorphanol tab 1 mg, 2 mg		120 / 360 tabs	
	levorphanol tab 3 mg		60 / 180 tabs	
	meperidine oral soln 50 mg/5 mL		90 mL**	
	meperidine tab		18 tabs**	
	morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)		135 / 405 mL	
	morphine sulfate oral soln 10 mg/5 mL		900 / 2700 mL	
	morphine sulfate oral soln 20 mg/5 mL		675 / 2025 mL	
	morphine sulfate supp 5 mg, 10 mg		180 / 540 supps	
	morphine sulfate supp 20 mg		120 / 360 supps	
	morphine sulfate supp 30 mg		90 / 270 supps	
	morphine sulfate tab 15 mg		180 / 540 tabs	
	morphine sulfate tab 30 mg		90 / 270 tabs	
	oxycodone cap 5 mg		180 / 540 caps	
	oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)		90 / 270 mL	
	oxycodone soln 5 mg/5 mL		900 / 2700 mL	
	oxaydo 5 mg, 7.5 mg		180 / 540 tabs	
	oxycodone tab 5 mg, 10 mg		180 / 540 tabs	
	oxycodone tab 15 mg		120 / 360 tabs	
	oxycodone tab 20 mg		90 / 270 tabs	
	oxycodone tab 30 mg		60 / 180 tabs	
	oxymorphone tab 5 mg		180 / 540 tabs	
	oxymorphone tab 10 mg		90 / 270 tabs	
	pentazocine/naloxone 50/0.5 mg		120 tabs**	
	roxybond 5 mg		180/ 540 tabs	
	roxyBond 15 mg		120 / 360 tabs	
	roxyBond 30 mg		60 / 180 tabs	
	tapentadol oral soln 20 mg/mL		300 / 900 mL	
	tapentadol tab 50 mg		120 / 360 tabs	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
	tapentadol tab 75 mg		90 / 270 tabs	
	tapentadol tab 100 mg		60 / 180 tabs	
	tramadol 50 mg		180 / 540 tabs	
	tramadol 100 mg		90 / 270 tabs	
	Seglentis (tramadol/celecoxib)		100 tabs**	
Opioid Containing Cough and Cold Products*	CAPCOF (codeine/phenylephrine/chlorpheniramine syrup)		60 mL/day *7 day supply limit per month	
	CODITUSSIN AC (codeine/guaifenesin syrup)		60 mL/day *7-day supply limit per month	
	CODITUSSIN DAC (codeine/guaifenesin/pseudoephedrine syrup)		40 mL/day *7-day supply limit per month	
	HISTEX AC (codeine/phenylephrine/triprolidine syrup)		20 mL/day *7-day supply limit per month	
	(hydrocodone/homatropine tablet)		6 tablets/day *7-day supply limit per month	
	HYDROMET (hydrocodone/homatropine solution)		30 mL/day *7-day supply limit per month	
	MAR-COF BP (codeine/pseudoephedrine/brompheniramine syrup)		60 mL/day *7-day supply limit per month	
	MAR-COF CG (codeine/guaifenesin syrup)		45 mL/day *7-day supply limit per month	
	MAXI-TUSS AC (codeine/guaifenesin liquid)		60 mL/day *7-day supply limit per month	
	MAXI-TUSS CD (codeine/phenylephrine/chlorpheniramine liquid)		30 mL/day *7-day supply limit per month	
	M-CLEAR WC (codeine/guaifenesin liquid)		90 mL/day *7-day supply limit per month	
	M-END PE (codeine/phenylephrine/brompheniramine liquid)		90 mL/day *7-day supply limit per month	
	NINJACOF-XG (codeine/guaifenesin liquid)		60 mL/day *7-day supply limit per month	
	POLY-TUSSIN AC (codeine/phenylephrine/brompheniramine liquid)		30 mL/day *7-day supply limit per month	
	(promethazine/codeine)		30 mL/day *7-day supply limit per month	
	(promethazine/codeine/phenylephrine)		30 mL/day	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
			*7-day supply limit per month	
	PRO-RED AC (codeine/dexchlorpheniramine/phenylephrine syrup)		60 mL/day *7-day supply limit per month	
	RYDEX (codeine/pseudoephedrine/brompheniramine liquid)		90 mL/day *7-day supply limit per month	
	TUSNEL C (codeine/guaifenesin/pseudoephedrine liquid)		40 mL/day *7-day supply limit per month	
	TUSSICAPS (hydrocodone/chlorpheniramine extended-release capsule)		2 capsules/day *7-day supply limit per month	
	TUSSIONEX PENNINETIC (hydrocodone/chlorpheniramine extended-release suspension)		10 mL / day *7-day supply limit per month	
	TUXARIN ER (codeine/chlorpheniramine extended-release tablet)		2 capsules / day *7-day supply limit per month	
	TUZISTRA XR (codeine/chlorpheniramine extended-release suspension)		20 mL / day *7-day supply limit per month	
	VIRTUSSIN DAC (codeine/guaifenesin/pseudoephedrine liquid)		40 mL / day *7-day supply limit per month	
	Z-TUSS AC (codeine/chlorpheniramine liquid)		60 mL / day *7-day supply limit per month	
Opioid Dependence Agents*	BUNAVAIL (buprenorphine/naloxone buccal film) 2.1-0.3 mg, 4.2-0.7 mg		90 / 270 units	
	BUNAVAIL (buprenorphine/naloxone buccal film) 6.3-1.0 mg		60 / 180 units	
	buprenorphine sublingual	✓		
	CASSIPA (buprenorphine/naloxone sublingual)		30 / 90 units	
	SUBOXONE (buprenorphine/naloxone sublingual tablet and film) 2-0.5 mg, 4-1 mg, 8-2 mg		90 / 270 units	
	SUBOXONE (buprenorphine/naloxone sublingual tablet and film) 12-3 mg		60 / 180 units	
	ZUBSOLV (buprenorphine/naloxone sublingual tablet) 0.7 mg/0.18 mg, 1.4-0.36 mg, 2.9-0.71 mg, 5.7-1.4 mg		90 / 270 units	
	ZUBSOLV (buprenorphine/naloxone sublingual tablet) 8.6-2.1 mg		60 / 180 units	
	ZUBSOLV (buprenorphine/naloxone sublingual tablet) 11.4-2.9 mg		30 / 90 units	
Oral/Intranasal Fentanyl Products*	ABSTRAL (fentanyl citrate sublingual tablet)	✓		
	ACTIQ (fentanyl citrate oral transmucosal lozenge)	✓		
	FENTORA (fentanyl citrate buccal tablet)	✓		
	LAZANDA (fentanyl nasal spray)	✓		

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
	ONSOLIS (fentanyl buccal soluble film)	✓		
	SUBSYS (fentanyl sublingual spray) 200 mcg, 400 mcg, 600 mcg, 800 mcg	✓		
	SUBSYS (fentanyl sublingual spray) 1200 mcg, 1600 mcg	✓		
Opioid Antagonists*	EVZIO (naloxone hydrochloride injection)		2 cartons (4 Auto-Injectors) per 180 days	
	NARCAN/KLOXXADO NASAL SPRAY (naloxone hydrochloride nasal spray)		2 cartons (4 Auto-Injectors) per 180 days	
Pain *	methadone oral concentrate 10 mg/mL		30 mL**	
	methadone dispersible tablets		9 tablets**	
Pain * Butalbital Products	butalbital, acetaminophen and caffeine solution		720 / 2,160 mL	
	butalbital 25 mg and acetaminophen 325 mg		96 / 288 units	
	butalbital and acetaminophen		48 / 144 units	
	butalbital, acetaminophen and caffeine		48 / 144 units	
	butalbital, acetaminophen, caffeine and codeine		48 / 144 units	
	butalbital, aspirin and caffeine		48 / 144 units	
Pain * Carisoprodol Products	carisoprodol		84 tablets**	
	carisoprodol/aspirin		168 tablets**	
	carisoprodol/aspirin/codeine		168 tablets**	
Pain * Local Anesthetics, Topical Agents	lidocaine HCL 2% gel		30 mL**	
	lidocaine-collagen-aloe vera 2% gel		30 gm or mL**	
	lidocaine 4% gel		30 mL**	
	lidocaine HCL urethral/mucosal 2% gel		60 mL**	
	lidocaine HCL urethral/mucosal 2% gel prefilled syringe		60 mL**	
	lidocaine HCL 4% topical solution		50 mL**	
	lidocaine 5% ointment		50 gm**	
	lidocaine-prilocaine 2.5-2.5% cream		30 gm**	
	PLIAGLIS (lidocaine-tetracaine) 7-7% cream		30 gm**	
	SYNERA (lidocaine-tetracaine) 70-70 mg patch		2 patches**	
	LIDODERM (lidocaine patch 5%)	✓		
	ZTLIDO (lidocaine topical system)	✓		
Pain * Opioid Agents, Long Acting	ARYMO (morphine sulfate extended-release tablets)		90 / 270 tablets	
	AVINZA (morphine extended-release capsules)		30 / 90 caps	
	BELBUCA (buprenorphine buccal film)		60 / 180 films	
	BUTRANS (buprenorphine transdermal system)		4 / 12 patches	
	CONZIP (tramadol hydrochloride extended-release)		30 / 90 caps	
	DOLOPHINE (methadone hydrochloride tablets) 5 mg		90 / 270 tabs	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
	DOLOPHINE (methadone hydrochloride tablets) 10 mg		60 / 180 tabs	
	DURAGESIC (fentanyl transdermal system)		10 / 30 patches	
	EMBEDA (morphine sulfate and naltrexone hydrochloride extended-release caps) 20 mg/ 0.8 mg, 30 mg/ 1.2 mg		60 / 180 caps	
	EMBEDA (morphine sulfate and naltrexone hydrochloride extended-release caps) 50 mg/2 mg, 60 mg/ 2.4 mg, 80 mg/3.2 mg		30 / 90 caps	
	EXALGO (hydromorphone hydrochloride extended-release tablets)		30 / 90 tabs	
	HYSINGLA ER (hydrocodone bitartrate extended-release tablets)		30 / 90 tabs	
	KADIAN (morphine extended-release capsules) 10 mg, 20 mg, 30 mg, 40 mg		60 / 180 caps	
	KADIAN (morphine extended-release capsules) 50 mg, 60 mg, 70 mg, 80 mg		30 / 90 caps	
	METHADONE (methadone hydrochloride tablets) 5 mg		90 / 270 tabs	
	METHADONE (methadone hydrochloride tablets) 10 mg		60 / 180 tabs	
	METHADONE (methadone hydrochloride injection) 200 mg/20 mL injection		20 / 60 mL	
	METHADONE, INTENSOL SOL (methadone oral concentrate) 10 mg/mL		60 / 180 mL	
	METHADONE (methadone hydrochloride oral solution) 5 mg/5 mL Oral soln		450 / 1350 mL	
	METHADONE (methadone hydrochloride oral solution) 10 mg/5 mL Oral soln		300 / 900 mL	
	MORPHABOND ER (morphine extended-release tablets)		90 / 270 tabs	
	MS CONTIN (morphine extended-release tablets)		90 / 270 tabs	
	NUCYNTA ER (tapentadol extended-release tablets)		60 / 180 tabs	
	OPANA ER (oxymorphone hydrochloride extended-release tablets)		60 / 180 tabs	
	OXYCONTIN (oxycodone hydrochloride extended-release tablets)		60 / 180 tabs	
	TARGINIQ ER (oxycodone HCl/naloxone HCl extended-release tablets)		60 / 180 tabs	
	TRAMADOL ER (tramadol hydrochloride extended-release)		30 / 90 tabs	
	TROXYCA ER (oxycodone hydrochloride/naltrexone extended-release capsules)		60 / 180 caps	
	ULTRAM ER (tramadol hydrochloride extended-release tablets)		30 / 90 tabs	
	VANTRELA ER (hydrocodone bitartrate extended-release tablets)		60 / 180 tabs	
	XTAMPZA ER (oxycodone extended-release capsules)		60 / 180 caps	
	ZOHYDRO ER (hydrocodone bitartrate extended-release capsules)		60 / 180 caps	
	APAP/codeine soln 120-12 mg/5 mL		2,700 / 8,100 mL (32.4 MME/day)	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
Pain * Opioid Agents, Short-Acting	APAP/codeine susp 120-12 mg/5 mL		2,700 / 8,100 mL (32.4 MME/day)	
	APAP/codeine 300/15 mg		400 / 1,200 tablets (30 MME/day)	
	APAP/codeine 300/30 mg		360 / 1,080 tablets (54 MME/day)	
	APAP/codeine 300/60 mg		180 / 540 tablets (54 MME/day)	
	APAP/caffeine/dihydrocodeine 320.5/30/16 mg		300 / 900 capsules (40 MME/day)	
	APAP/caffeine/dihydrocodeine 325/30/16 mg		300 / 900 tablets (40 MME/day)	
	ASA/caffeine/dihydrocodeine 356.4/30/16 mg		300 / 900 capsules (40 MME/day)	
	benzhydrocodone/APAP 4.08 mg/ 325 mg		168 tablets** (60 MME/day)	
	benzhydrocodone/APAP 6.12 mg/325 mg		168 tablets** (90 MME/day)	
	benzhydrocodone/APAP 8.16 mg/325 mg		168 tablets** (120 MME/day)	
	hydrocodone/APAP 2.5/325 mg		360 / 1,080 tablets (30 MME/day)	
	hydrocodone/APAP 5/300 mg		240 / 720 tablets (40 MME/day)	
	hydrocodone/APAP 5/325 mg		240 / 720 tablets (40 MME/day)	
	hydrocodone/APAP 7.5/300 mg		180 / 540 tablets (45 MME/day)	
	hydrocodone/APAP 7.5/325 mg		180 / 540 tablets (45 MME/day)	
	hydrocodone/APAP 10/300 mg		180 / 540 tablets (60 MME/day)	
	hydrocodone/APAP 10/325 mg		180 / 540 tablets (60 MME/day)	
	hydrocodone/APAP soln 7.5-325 mg/ 15 mL		2,700 / 8,100 mL (45 MME/day)	
	hydrocodone/APAP elixir 10/300 mg/ 15 mL		2,025 / 6,075 mL (45 MME/day)	
	hydrocodone/APAP soln 10-325 mg/ 15 mL		2,700 / 8,100 mL (60 MME/day)	
	hydrocodone/ibuprofen 2.5/200 mg		50 tablets ** (12.5 MME/day)	
	hydrocodone/ibuprofen tab 5/200 mg		50 tablets ** (25 MME/day)	
	hydrocodone/ibuprofen tab 7.5/200 mg		50 tablets ** (37.5 MME/day)	
	hydrocodone/ibuprofen tab 10/200 mg		50 tablets ** (50 MME/day)	
	oxycodone/APAP soln 5/325 mg/5 mL		1,800 / 5,400 mL (90 MME/day)	
	oxycodone/APAP 2.5/300 mg		360 / 1,080 tablets	

Category* Drug Class	Medicines	PA	Quantity Limits (30 / 90 day)	ST
			(45 MME/day)	
	oxycodone/APAP 2.5/325 mg		360 / 1,080 tablets (45 MME/day)	
	oxycodone/APAP 5/300 mg		360 / 1,080 tablets (90 MME/day)	
	oxycodone/APAP 5/325 mg		360 / 1,080 tablets (90 MME/day)	
	oxycodone/APAP 7.5/300 mg		240 / 720 tablets (90 MME/day)	
	oxycodone/APAP 7.5/325 mg		240 / 720 tablets (90 MME/day)	
	oxycodone/APAP 10/300 mg		180 / 540 tablets (90 MME/day)	
	oxycodone/APAP 10/325 mg		180 / 540 tablets (90 MME/day)	
	oxycodone/ASA 4.8355/325 mg		360 / 1,080 tablets (87 MME/day)	
	oxycodone/ibuprofen 5/400 mg		28 tablets** (30 MME/day)	
	tramadol/APAP 37.5/325 mg		40 tablets** (30 MME/day)	
Pain Management*	ORILISSA	✓		
Pheochromocytoma Agents*	DIBENZYLINE (phenoxybenzamine)	✓		
Rosacea	METROCREAM (metronidazole cream 0.75%)		60/180 gm	
	METROGEL (metronidazole gel 1%)		60/180 gm	
	METROLOTION (metronidazole lotion 0.75%)		60/180 mL	
	(metronidazole gel 0.75%)		60/180 gm	
	NORITATE (metronidazole cream 1%)		60/180 gm	
Seizures*	ONFI (clobazam)	✓		
Sleep Agents* Hypnotics, Non- Benzodiazepines	AMBIEN (zolpidem)		15 / 45 tablets	
	AMBIEN CR (zolpidem extended-release)		15 / 45 tablets	
	flurazepam		15 / 45 capsules	
	DORAL (quazepam)		15 / 45 tablets	
	estazolam		15 / 45 tablets	
	HALCION (triazolam)		10 / 30 tablets	
	LUNESTA (eszopiclone)		15 / 45 tablets	
	RESTORIL (temazepam)		15 / 45 capsules	
	ROZEREM (ramelteon)		15 / 45 tablets	
	SONATA (zaleplon)		15 / 45 capsules	

The medicines indicated in this document, along with their clinical requirements, are subject to change. There may be additional drugs subject to clinical requirements or other plan design restrictions. Please log in to [Caremark.com](#) to check coverage and cost share information for a specific drug or consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase *italics*. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark® assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

Subject to applicable state law restrictions.

*This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

** This denotes medicines that have the same quantity limit for both 30-day and 90-day prescriptions.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.